

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Abel

Died at *Pisgah* Town*Charles* County

MARYLAND

Date of death *1908* Month *March*Day *18*Age *37* Years

Months

Days

Sex *Male*Color or
Race*American*Birth-
place*Charles Co., Md.*

Occupation

*Merchant*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Rosie G. Abel*Father's
Name*William Abel*Father's
Birthplace*Virginia*Mother's
Maiden Name*Marian B. Speak*Mother's
Birthplace*Charles Co., Md.*Name of person giving
in formation*George I. Abel*How related
to deceased*Brother*

CAUSES OF DEATH

159

Primary

Shooting

How long

—

Immediate

—

How long

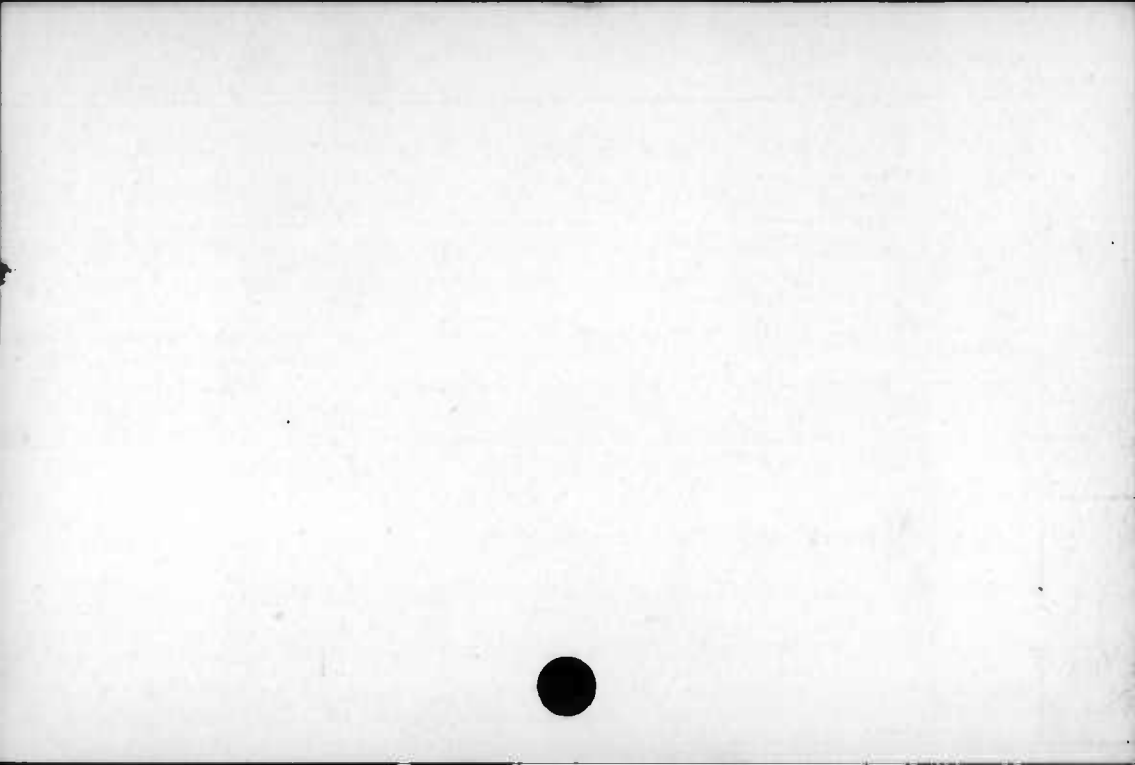
*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Geo. C. Bicknell,*

Address

*Pisgah**Md.*

Accident or Suicide?

Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

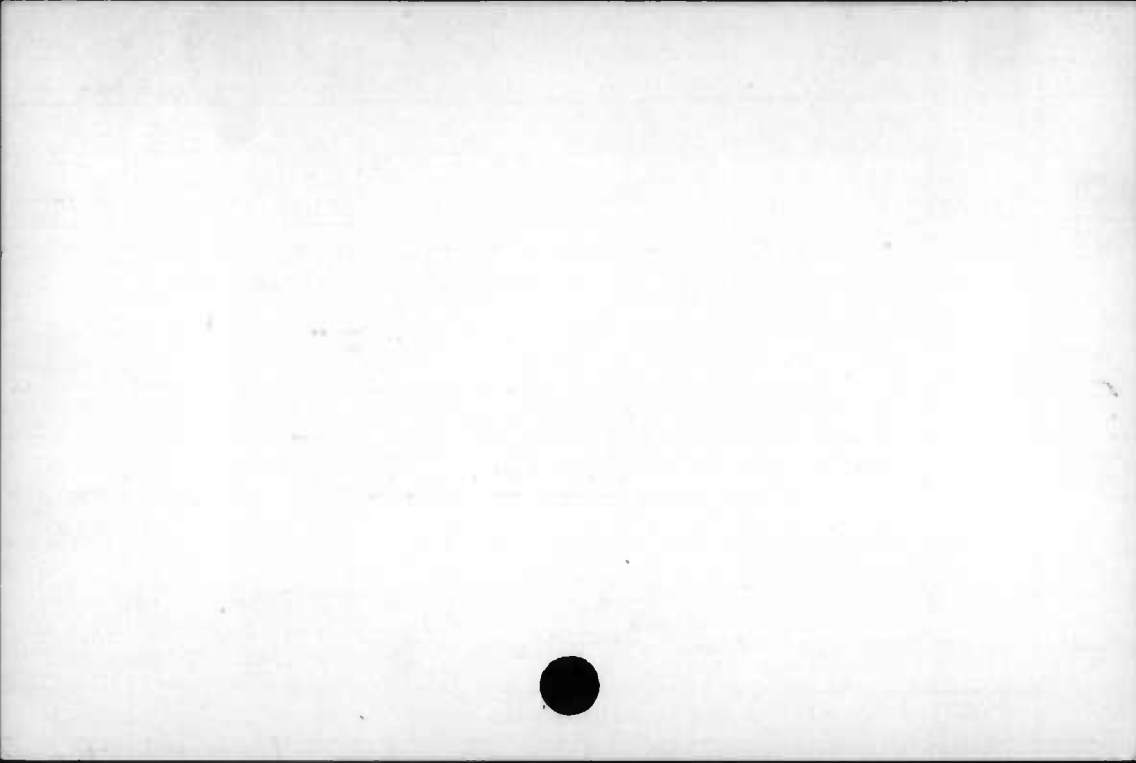
Died at <i>Malcolm</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>18</i>	Age <i>28</i>	Years <i>28</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Malcolm Md</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Frank Adams</i>	Father's Birthplace <i>Charles Co Md</i>				
Mother's Maiden Name <i>Harriet Chapman</i>	Mother's Birthplace <i>Charles Co Md</i>				
Name of person giving information <i>Frank Adams</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. ...</i>
	Address <i>Agassiz</i>
Accident or Suicide? <i>No</i>	<i>Md</i>



Name
in
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Tcwn		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		March	6	71		0	5
Sex		Color or Race		Birth-place			
Male		Colored		Charles Co.			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Emeline Cary					
Father's Name		Father's Birthplace					
Wm. Brown		Charles Co.					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Ann Dent		Charles Co.					
Name of person giving information		How related to deceased					
Wm. Brown		Son					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	5 years
Immediate	Heart Disease	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. W. Mitchell M.D.	
		Address	
		Pocomoke Md	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wicomico</i>		County <i>Charles</i>		MARYLAND	
Date of death 190	6	Month <i>Mar</i>	Day <i>30</i>	Age <i>24</i>	Years <i>24</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>St. Marys Co</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Servant</i>					
Name of Wife or Husband							
Father's Name <i>Frank P. Burk</i>				Father's Birthplace <i>St. Marys Co</i>			
Mother's Maiden Name <i>Pella Jones</i>				Mother's Birthplace <i>St. Marys Co</i>			
Name of person giving In formation <i>Helley, Holton</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

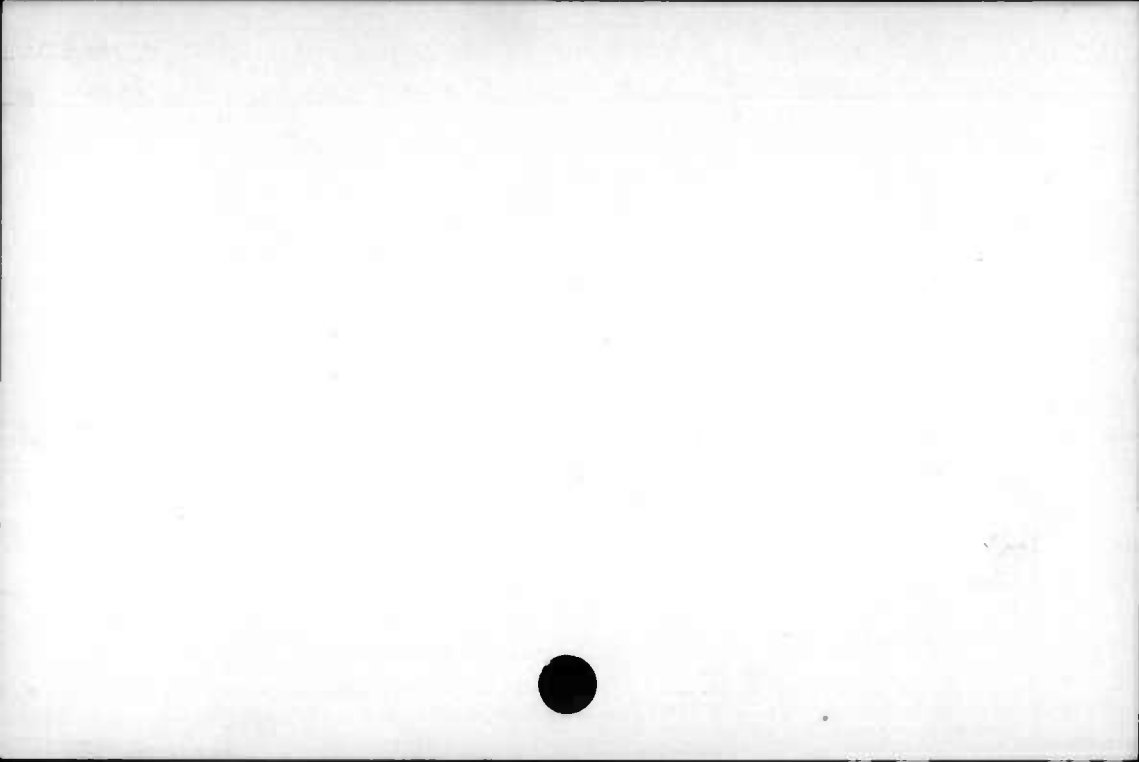
Accident or Suicide?

167

How long

How long

PHYSICIAN
OR CORONER



Name
in
Full

Samuel Abraham Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cross Roads^{County} Charles

MARYLAND

Date of death 1908

Month
Mch.Day
18

Age

Years

Months
1Days
10

Sex Male

Color or
Race

Black

Birth-
place

Ind

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Alexander Dorsey

Father's
Birthplace

Ind

Mother's
Maiden Name

Alice Dorsey

Mother's
Birthplace

Ind

Name of person giving
In formation

Alexander Dorsey

How related
to deceased

Father

CAUSES OF DEATH

90

Primary

deep cold

How long

5 or 6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

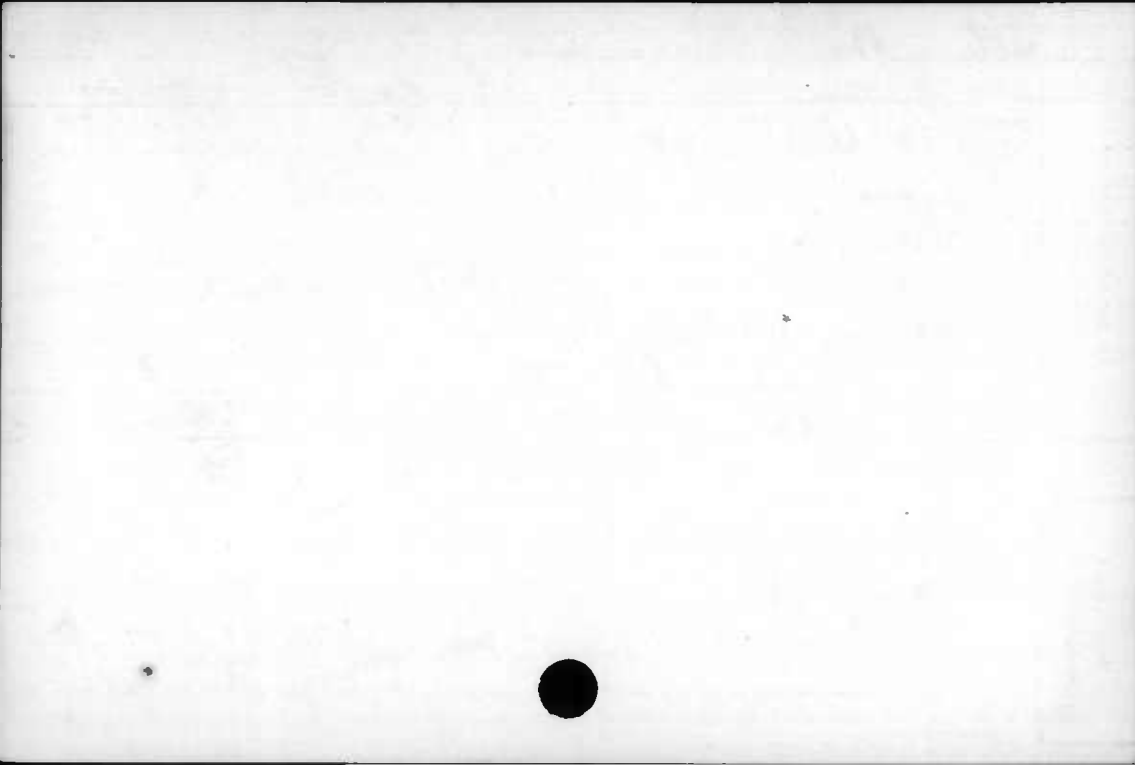
yes

Signature of
Physician

Address

James M. Wheeler
Sub-Registrar

Accident or Suicide?



Name
in
Full

John Henry Freeman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Durbin

Charles

Date

Month

Day

Years

Months

Days

of death

1908 Feb

25

Age

77

7

9

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Farmer

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Elizabeth Davis Lyon Freeman

Father's
Name

Henry Anderson Freeman

Father's
Birthplace

Ind

Mother's
Maiden Name

Julia Dent

Mother's
Birthplace

Ind

Name of person giving
In formation

Henry C. Freeman

How related
to deceased

Son

CAUSES OF DEATH

10

Primary

Organic Heart Disease

How long

5 years

Immediate

La grippe

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. C. Carriker, M.D.

Address

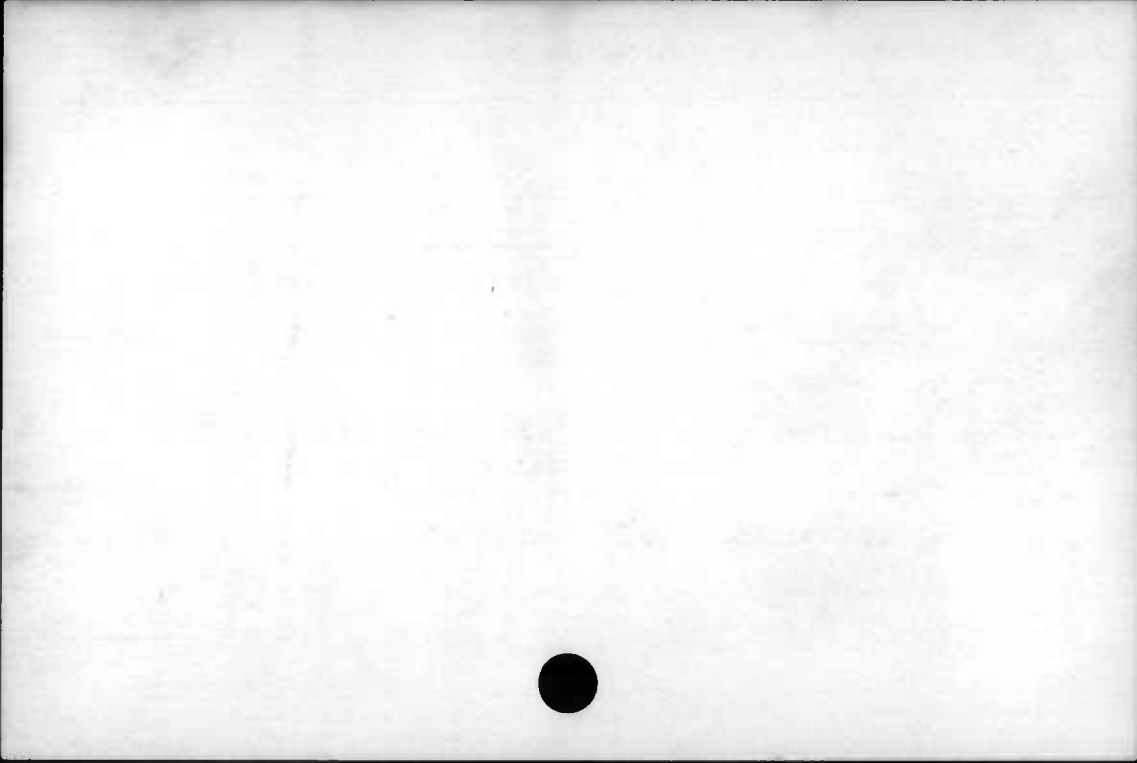
Stony Mountain

Ind

Assisted Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
RESPONDER



Name
in
Full

Mary R. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

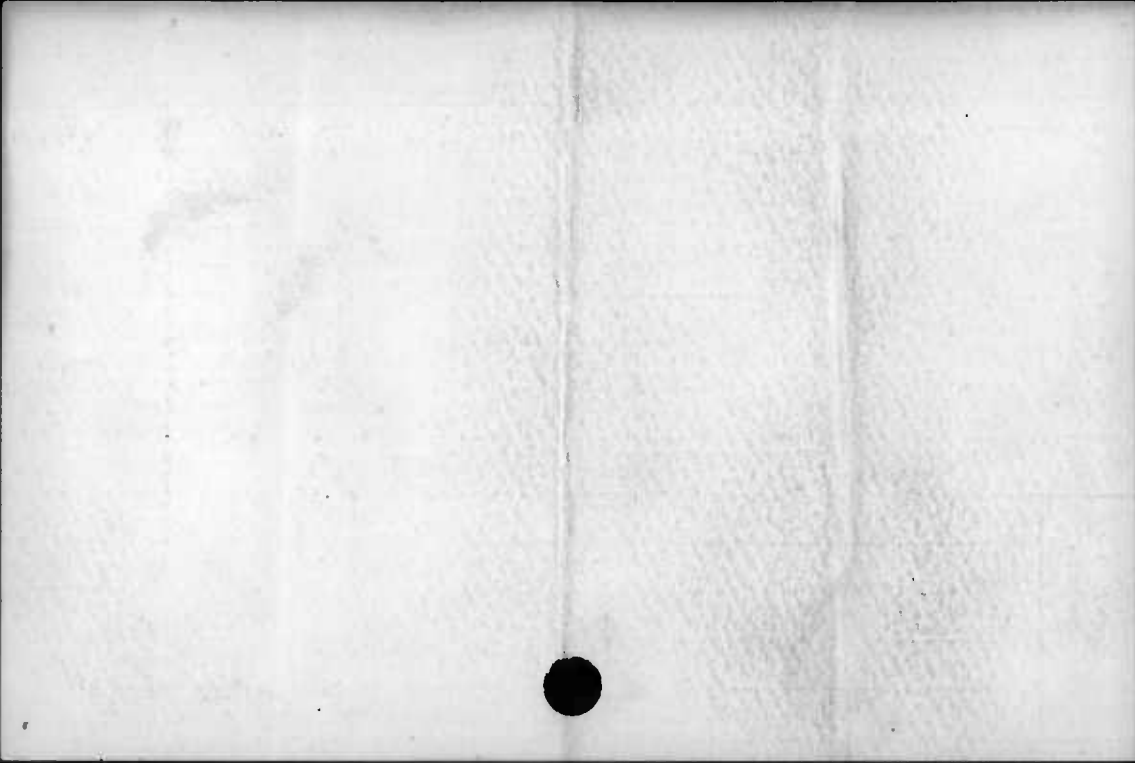
Died at <i>Towpkinsville</i>		County <i>Chas</i>		MARYLAND	
Date of death	1908	Month <i>March</i>	Day <i>23</i>	Age <i>65</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>B.</i>		Birth-place <i>Hatties Creek</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Towpkinsville</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Mary R. Green</i>				
Father's Name <i>Henry Butler</i>	Father's Birthplace <i>Coburne</i>				
Mother's Maiden Name <i>Clara Baurough</i>	Mother's Birthplace <i>Coburne</i>				
Name of person giving information <i>Lewis Baurrough</i>	How related to deceased <i>Fourth Cousin</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Disease (Organic)</i>	How long
Immediate <i>Cardiac failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reed, Gough,</i>
	Address <i>Newburg Md.</i>
Accident or Suicide?	



Name
in
Full

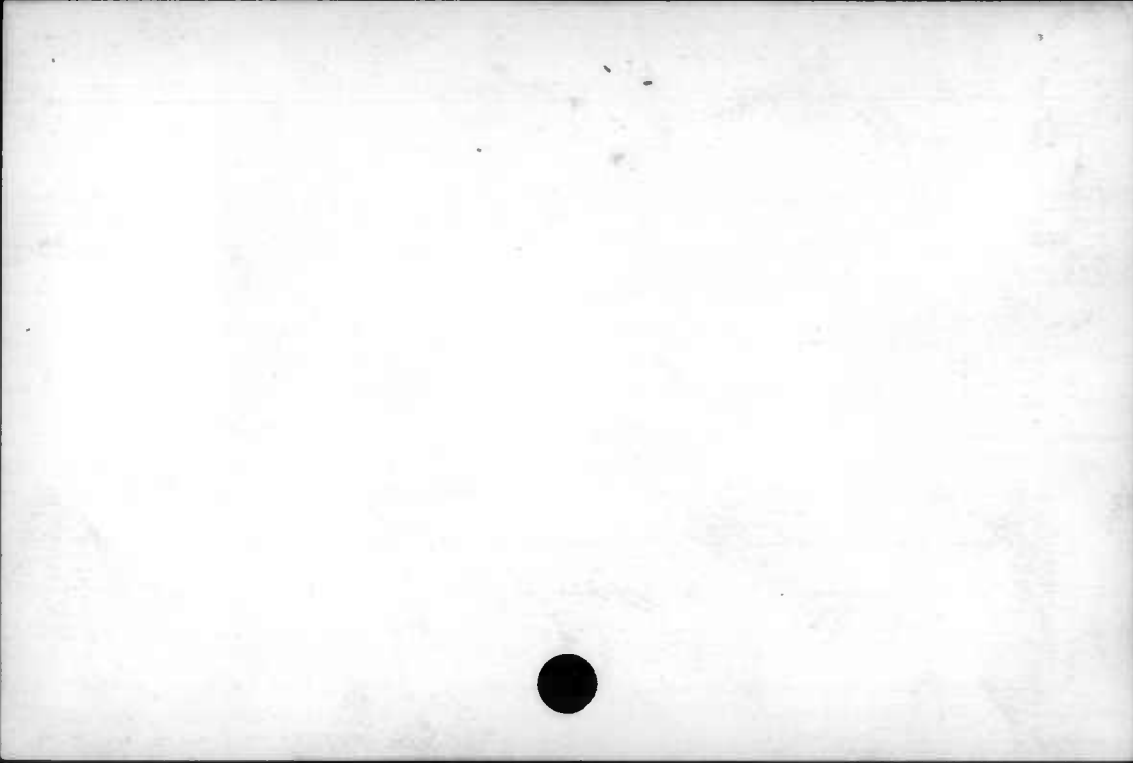
CERTIFICATE OF DEATH

MARYLAND

Died at *Indian Head* ^{Town}*Charles* ^{County}Date of death *1908* ^{Month} *March**25* ^{Day}Age *7* ^{Years}Months *—*Days *—*Sex *Female*Color or
Race *Colored*Birth-
place *La Plata, Md.*Occupation *—*Where Residing If not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *John Hawkins*Father's
Birthplace *Charles Co. Md*Mother's
Maiden Name *Elyza Milbert*Mother's
Birthplace *Charles Co. Md*Name of person giving
In formation *Earle P. Hopp, M.D.*How related
to deceased *—*

CAUSES OF DEATH

9Primary *Diphtheria (clinical)*How long *Six days?*Immediate *Toxaemia*How long *—*Are the name, age, sex, color, date
and place correctly given above? *Yes.*Signature of
Physician *Earle P. Hopp, M.D.*Address *Indian Head, Md.*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Henderson, Still Born

Town *cross Roads* County *Charles* MARYLAND

Died at *cross Roads*

Date of death *1908* Month *3* Day *9* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Samuel Henderson* Father's Birthplace *Ind*

Mother's Maiden Name *Lizzie Johnson* Mother's Birthplace *Ind*

Name of person giving information *Samuel Henderson* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes

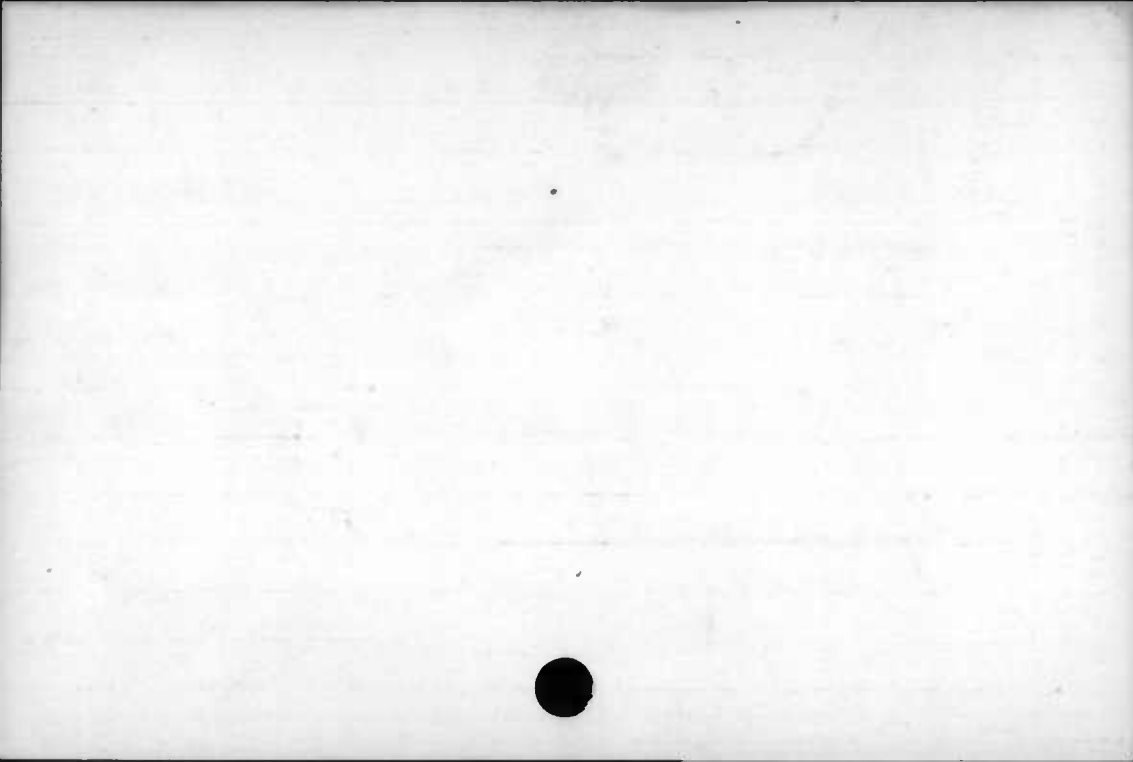
Signature of Physician

Address

James M. Wheeler

Sub - Registrar

Accident or Suicide? *—*

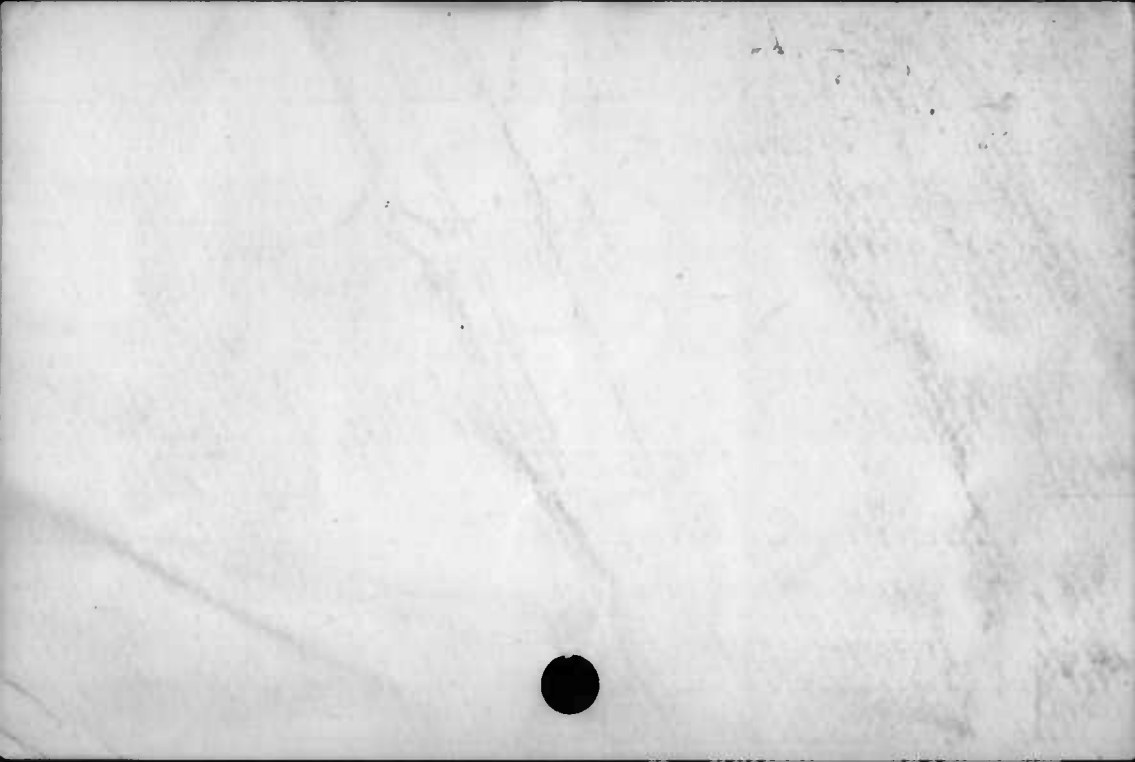


Name in Full		Certificate of Death			
Died at		Town		County	
Date of death		Month		Day	
1908		March		8	
Age		Years		Months	
68		—		—	
Sex		Color or Race		Birth-place	
Male		Colored		Wayside	
Occupation		Where Residing if not at place of death			
Farmer					
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Lottie Hughes			
Father's Name		Father's Birthplace			
Unknown		Unknown			
Mother's Maiden Name		Mother's Birthplace			
Unknown		Unknown			
Name of person giving information		How related to deceased			
James Brown		No			
CAUSES OF DEATH					
Primary		How long			
Endocarditis		Don't know			
Immediate		How long			
Mental degeneration		I saw him about 10 days ago			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. L. Higdon			
		Address			
		Wayside			
Accident or Suicide?					

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

79



Name
in
Full

unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pisgah</i> Town		<i>Jenkins</i> County		MARYLAND	
Date of death	1908	Month	March	Day	26
Sex	Female	Color or Race	Colloid	Years	—
Birth-place	Charco Md.				
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Richard W Jenkins			Father's Birthplace	
Mother's Maiden Name	Mary C Jackson			Mother's Birthplace	
Name of person giving information				How related to Deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. C. Becknell M.D.</i>
Accident or Suicide?		Address	<i>Pisgah, Md.</i>

(71)



Name
in
Full

William Key

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Naupomd* Town *Charles* County

Date of death *1908* Month *March* Day *30th* Age *45* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *md*

Occupation *Farmer & laborer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Sarah Key*

Father's Name *Henry Key* Father's Birthplace *md*

Mother's Maiden Name *Cecilia Ann Tucker* Mother's Birthplace *md*

Name of person giving information *James Butler* How related to deceased *Father in law*

CAUSES OF DEATH

10

Primary *Influenza followed by Pneumonia about 10 days* How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

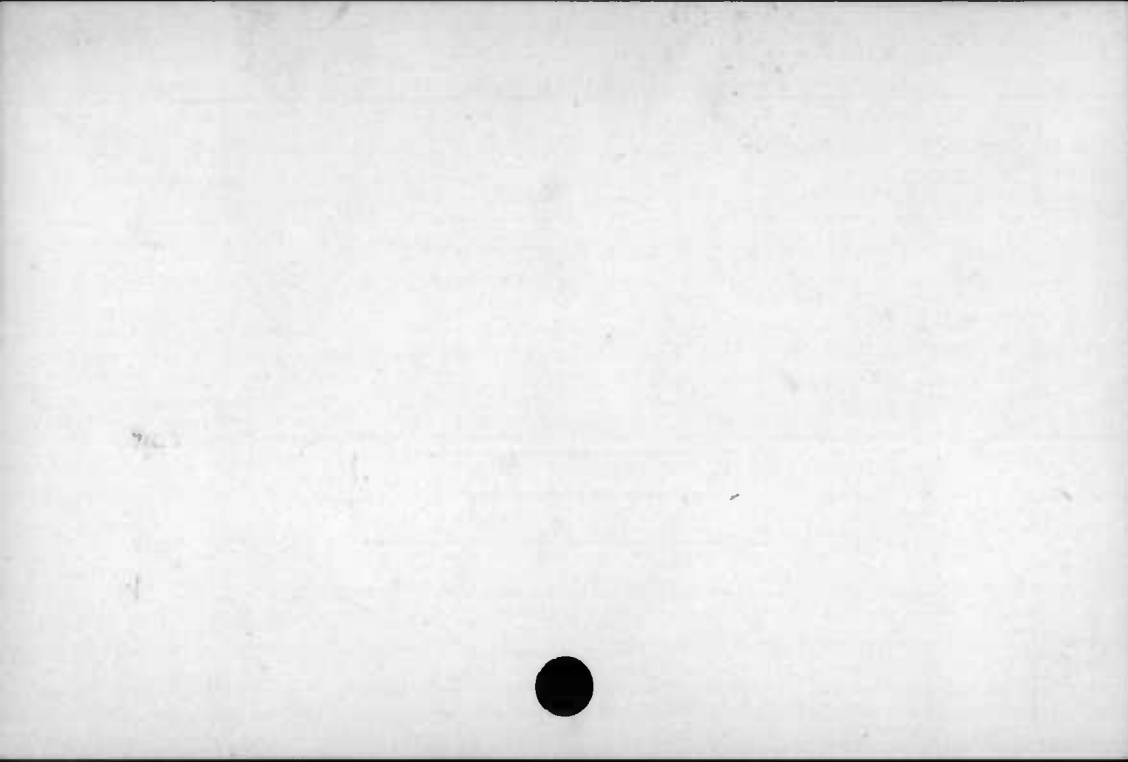
Signature of Physician

Address

S. H. Spiate
Wrayton md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

George Clifton Mason

CERTIFICATE OF DEATH

Died at ^{Town} Indian Head ^{County} Charles MARYLANDDate of death 1907 ^{Month} March ^{Day} 10 ^{Years} Age 24 ^{Months} — ^{Days} 16

Sex Male Color or Race Colored Birth-place Cox's Station Md.

Occupation Laborer Where Residing if not at place of death Near Indian Head.

Married, Single or Widowed Married Name of Wife or ~~husband~~ Josephine Day Mason

Father's Name Cutler Mason Father's Birthplace Charles Co., Md.

Mother's Maiden Name Josephine Swann Mother's Birthplace Charles Co., Md.

Name of person giving information George Adams How related to deceased Brother-in-law.

Hand caught and arm drawn into powder-mixing machine.

CAUSES OF DEATH

166

Primary Traumatic amputation left arm

Immediate Shock and hemorrhage How long A few minutes

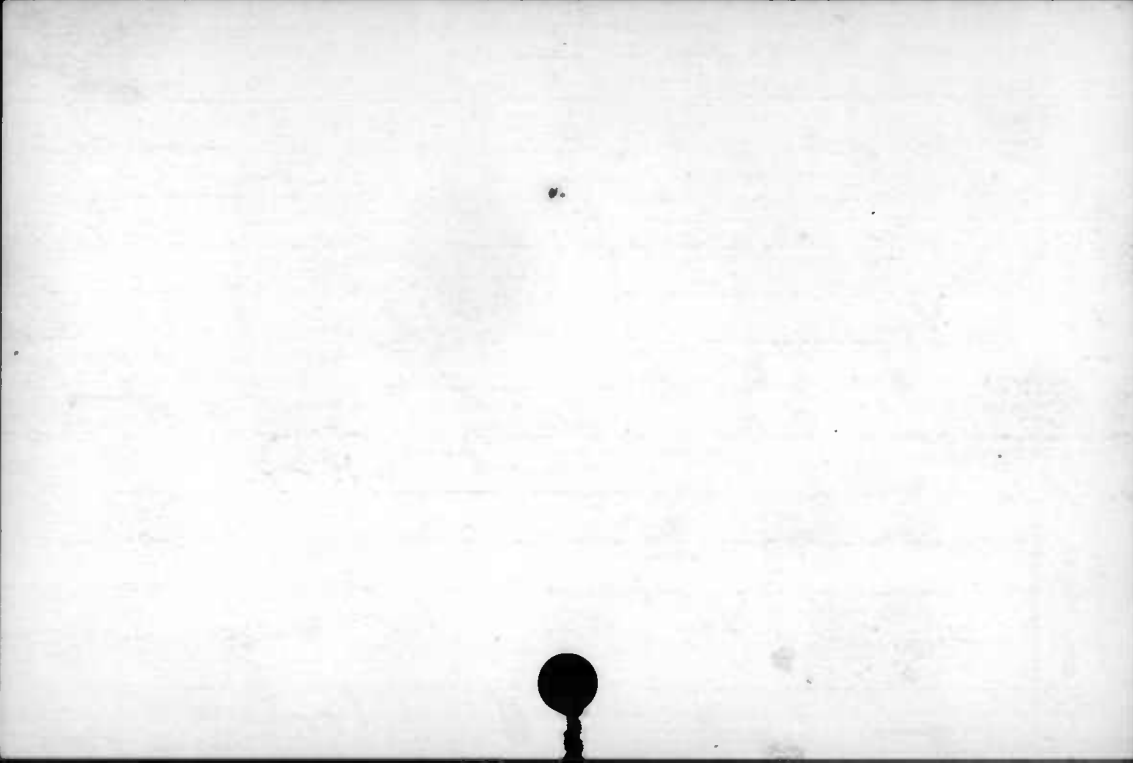
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Earle P. Hoff, Asst. Surg. W.S.N.

Address Naval Paving Ground, Indian Head, Md.

Accident or Suicide? Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



W. F. Browne
Sims Bay

Name
in
Full

Richard Samuel Moreland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		March	17	Age	0	5	5
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single				-			
Father's Name				Father's Birthplace			
Geo Moreland				Md			
Mother's Maiden Name				Mother's Birthplace			
Mary C. Montgomery				Md			
Name of person giving information				How related to deceased			
Geo. Moreland				Father			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	8 days
Immediate	Exhaustion & Collapse		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			H. Norton Town	
			Address	
			Aguasco Md	
Accident or Suicide?		No.		

Name
in
Full

Elizabeth F. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

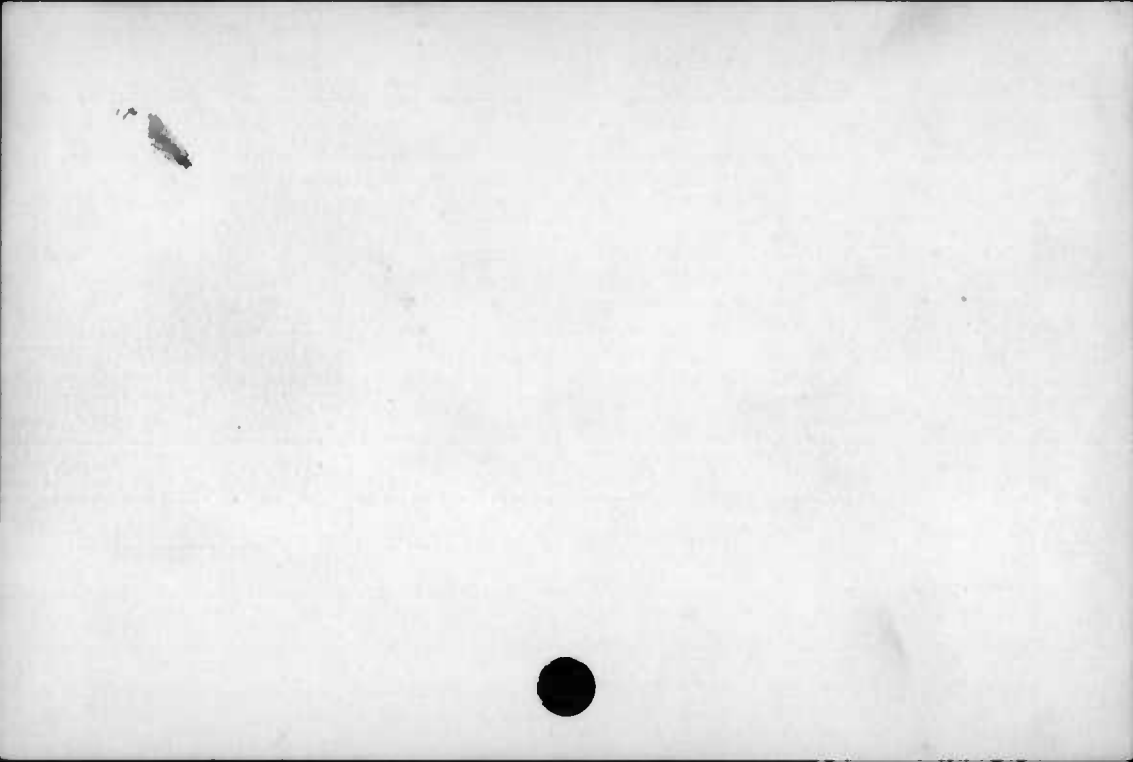
Died at		Town Harris Loh		County Chas County		MARYLAND	
Date of death		1908	Month March	Day 13	Age 75-	Years Nov	Months 27
Sex Female		Color or Race white		Birth- place Chas County			
Occupation Furnace wife		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband Char. C. Perry					
Father's Name Winan Lloyd		Father's Birthplace Chas County					
Mother's Maiden Name Elizabeth Lloyd		Mother's Birthplace Chas County					
Name of person giving Information B. L. Perry		How related to deceased Son					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Central Haemorrhage	How long	10 hours
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Higdon, Haysick	
Accident or Suicide?		Address [Redacted]	



Name
in
Full

CERTIFICATE OF DEATH

Aaron S. Lueeman

Town

Wicomico

County

Charles

MARYLAND

Died at

Date

of death 1908

Month

Mar

Day

12

Age

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Charles Es

Occupation

run

Where Residing if not
at place of death

Charles Es

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Ben Lueeman

Father's
Birthplace

Char Es

Mother's
Maiden Name

Helen Bush

Mother's
Birthplace

St Mary Es

Name of person giving
In formation

Helen Hollis

How related
to deceased

None

CAUSES OF DEATH

Primary

Not Known

How long

179

1 Day

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

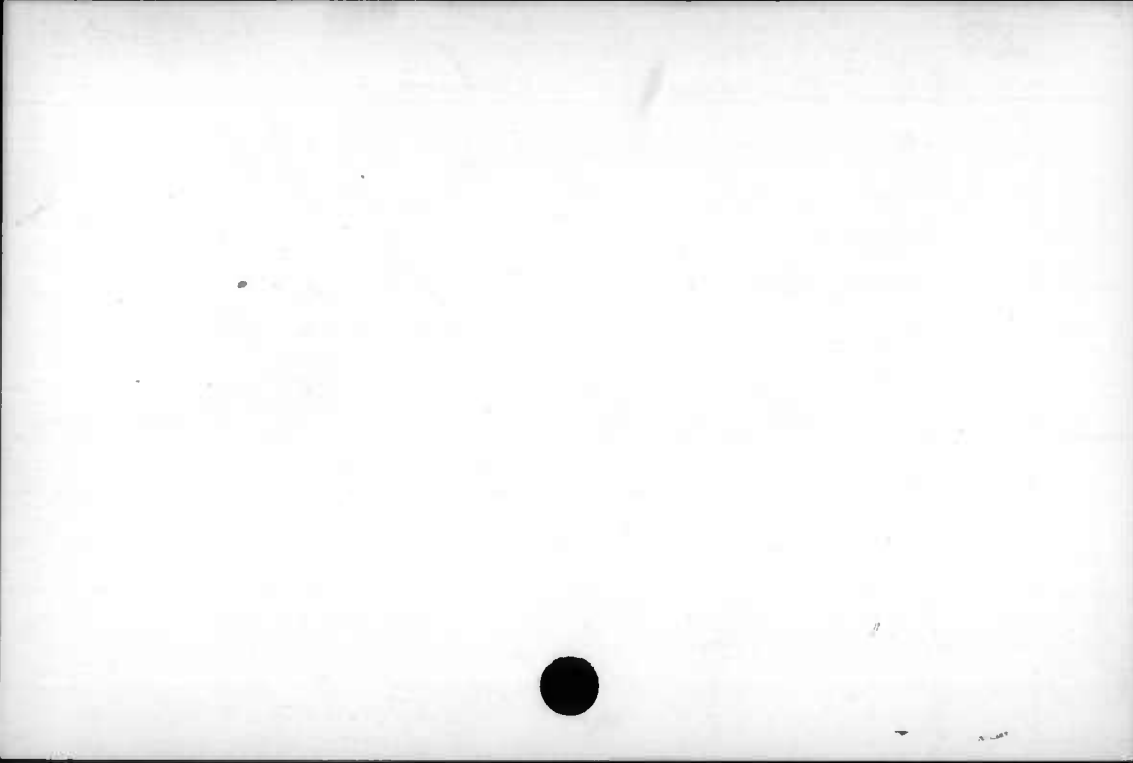
W. S. L. L. L.

Address

St. Mary Es
Wicomico Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Benjamin Summons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Prattville</u> ^{Town}		<u>Ches</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>17</u>	Age <u>11</u>	Years <u>11</u>	Months <u>2</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ches 6th St</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>" " "</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>George R. Simmons</u>			Father's Birthplace <u>Ches 6th St</u>		
Mother's Maiden Name <u>Louella Simmons</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>George R. Simmons</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Extreme Weakness</u>	How long	<u>2 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>None</u>	
		Address <u>" "</u>	
Accident or Suicide? <u>Neither</u>		<u>W. F. Browne</u> <u>Inter Res</u>	

W. F. Browne
Sunk Reg

Name
in Full

CERTIFICATE OF DEATH

Alonzo Sims

Died at *Shiloh* Town *Lehas* County **MARYLAND**
Date of death 1908 Month *March* Day *13* Age *76* Years Months Days

Sex *male* Color or Race *colored* Birth-place *Franjimm*

Occupation *carpenter* Where Residing if not at place of death *Shiloh*

Married, Single or Widowed *married* Name of Wife or Husband *Rebecca Sims*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *Frank H. H. H.* How related to deceased *brother*

CAUSES OF DEATH

104

Primary *Old age* How long *8 months*
Immediate *Gastritis and rheumatism.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

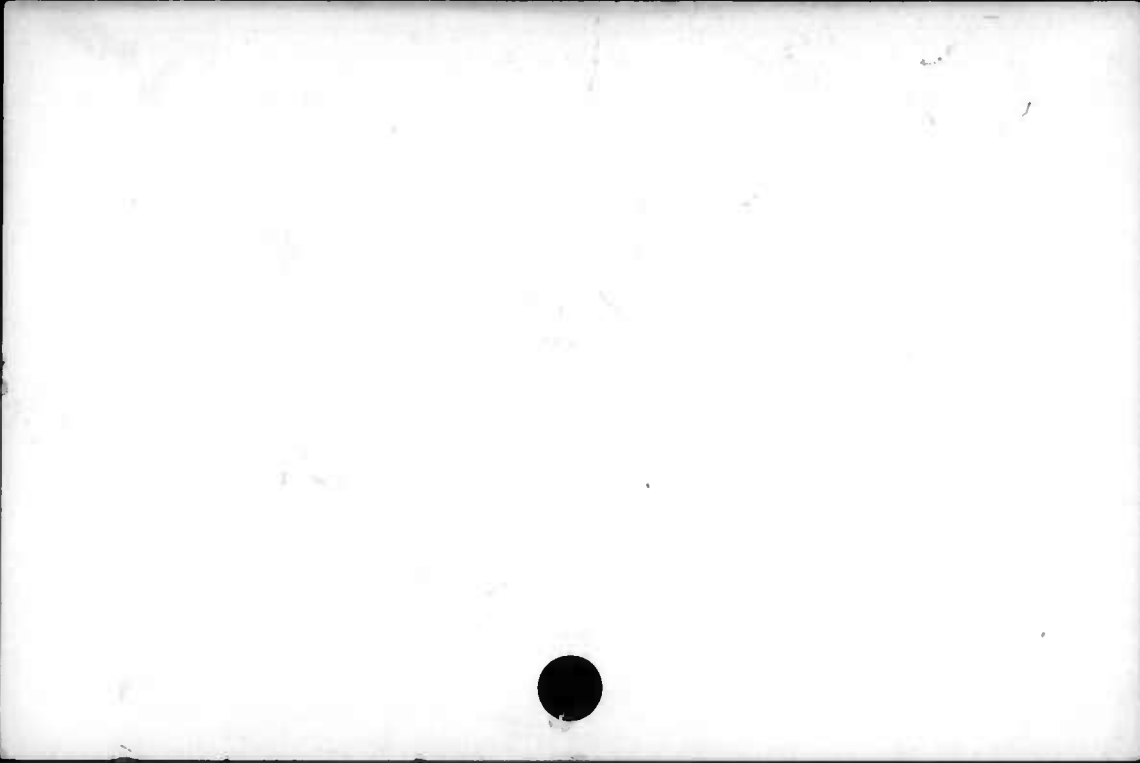
Address

H. F. Simpson
Sub Registrar
Lehas

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ross Talbot

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swan Walcott</i>		Town		County <i>Chesapeake</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>1</i>	Age <i>18</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Swan</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Talbot</i>		Father's Birthplace <i>Swan</i>					
Mother's Maiden Name <i>Emma Lewis</i>		Mother's Birthplace <i>Swan</i>					
Name of person giving information <i>Harry Talbot</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

91

How long

2 Weeks

How long

Short while

PHYSICIAN
OR CORONERPrimary *Bronchitis Chronic*Immediate *Angiocarditis*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. O. Murray
Walcott
Swan

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Arthur Webb Thomas

Town

County

Died at

Perryman

Charles

MARYLAND

Date

of death

1905

Month

March

Day

28

Age

Years

30

Months

2

Days

25-

Sex

Male

Color or
Race

White

Birth-
place

Perryman Ind.

Occupation

Sailor U. S. N.

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Arthur W. Thomas

Father's
Birthplace

Perryman Ind.

Mother's
Maiden Name

Alice B. Norton

Mother's
Birthplace

North F. Alb. Ark.

Name of person giving
In formation

Arthur W. Thomas

How related
to deceased

Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. W. Mitchell M.D.

Perryman Ind.

Accident or Suicide?



Name
in
Full

Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilcome</i> Town		<i>Ches</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>5</i>	Day <i>17</i>	Age <i><</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ches L & M</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>none</i>					
Father's Name <i>John H. Warren</i>			Father's Birthplace <i>Ches L & M</i>		
Mother's Maiden Name <i>Anna Byer</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>John H Warren</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>S</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>none</i>
		Address	<i>W F Branner</i>
Accident or Suicide?			<i>Sub Reg</i>

W. F. Browne

San Rey

Name
in
Full

Richard M Young

CERTIFICATE OF DEATH

Died at ^{Town} Dentonville ^{County} Lehigh

MARYLAND

Date of death 1908 Month 3 Day 18 Age 1 Years 3 Months Days

Sex Male Color or Race Black Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Richard Smallwood Father's Birthplace Md

Mother's Maiden Name Leora Young Mother's Birthplace Md

Name of person giving information Wm Young How related to deceased Uncle

CAUSES OF DEATH

179

Primary Mucosus How long 6 mo

Immediate Stomach full How long 1 da

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. H. Schoppa

Address Keyserville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

